

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: ENHANCED CHANNEL ACCESS MECHANISMS  
FOR AN HPNA NETWORK

Attorney Docket Number:: 03493.00296

Request for Early Publication?: NO

Request for Non-Publication?: YES

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 9

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Wei  
Middle Name::  
Family Name:: Lin  
Name Suffix::  
City of Residence:: Warren  
State or Province of Residence:: NJ  
Country of Residence:: Somerset  
Street of mailing address:: 8 Softwood Way  
City of mailing address:: Warren  
State or Province of mailing address:: NJ  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 07059

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Matthew  
Middle Name:: J.  
Family Name:: Sherman  
Name Suffix::  
City of Residence:: Succasunna  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 4 Atlantis Drive  
City of mailing address:: Succasunna  
State or Province of mailing address:: NJ

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 07876  
  
Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

### Correspondence Information

Correspondence Customer Number:: 22907

### Representative Information

Representative Customer Number:: 22907

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/269,354	02/20/01
This Application	Non-Provisional of	60/269,861	02/21/01

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### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: AT&T Corp.  
 Street of mailing address:: 32 Avenue of the Americas  
 City of mailing address:: New York  
 State or Province of mailing address:: NY  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 10013-2412